

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 03-07-05.

The IRO reviewed 95900-WP nerve conduction, 95903-WP nerve conduction motor, 95904-WP sensory each nerve, 95860 EMG and 95834 total evaluation of body including hands rendered on 03-08-04 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 03-31-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14-days of the requestor's receipt of the Notice.

CPT code 93740-WP date of service 03-08-04 denied with denial code "G" (unbundling). Per Rule 133.304(c) and 134.202(a)(4) the carrier did not specify which code 93740-WP was global to. Reimbursement is recommended in the amount of **\$96.00**.

CPT code 99090-WP date of service 03-08-04 denied with denial code "F" (fee guideline MAR reduction). The carrier has made no payment. Reimbursement is recommended in the amount of **\$108.00**.

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees for date of service 03-08-04 totaling **\$204.00** in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Findings and Decision and Order are hereby issued this 26th day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

April 18, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M5-05-1868-01

CLIENT TRACKING NUMBER: M5-05-1868-01 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above-mentioned case to MRIOA for independent review in accordance with TWCC Rule 133, which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records from the State:

Notification of IRO assignment dated 3/30/05 1 page
Texas Workers Compensation Commission form dated 3/31/05 1 page
Medical Dispute Resolution Request/Response sheet 1 page
Table of disputed services 1 page
List of providers 1 page
Explanation of Benefits dated 3/8/04 3 pages

Records from North Texas Neuro Diagnostics:

Letter from Dr. Brock DC dated 3/8/04 1 page

Examination and Electrodiagnostic studies notes dated 3/8/04 5 pages
Guidelines in Electrodiagnostic Medicine 25 pages
AAEM practice issues and advocacy referral guidelines 4 pages
AAEM Practice issues and advocacy position statements 5 pages
Copy of check from North Texas Neurodiagnostic dated 4/6/05 1 page

Summary of Treatment/Case History:

The patient was injured at work on _____. She was evaluated at an orthopedic center and had electrodiagnostic studies, which reportedly revealed no evidence of radiculopathy or median neuropathy at the wrist. The patient complained of left shoulder pain, rib pain, bilateral knee pain, and "left arm symptomatology." She was supposedly referred to a chiropractor for a second opinion, and he did electrodiagnostic testing.

Questions for Review:

Items in dispute: #95900 –WP nerve conduction; #95903–WP nerve conduction motor; #95904–WP sensory each nerve; #95860 EMG; and #95834 total evaluation of body including hands. Denied by carrier as unnecessary treatment with EOB codes 'U and Y'.

Conclusion/Decision to Not Certify:

There are no records of the evaluations by the orthopedic surgeon, including dates and results of the electrodiagnostic testing.

This reviewer is not familiar with the qualifications of a chiropractor in doing a neurological exam or electrodiagnostic testing, CPT code #95834, or the meaning of "total evaluation of body including hands." Also, this reviewer is not familiar with the American Chiropractic Neurology Board, the qualifications, or the training of their diplomats.

In addition, it is not known if the guidelines of the AANEM are applicable to this doctor; this would have to be clarified with the AANEM.

The physician providing this review is a diplomate in Neurology of the American Board of Psychiatry and Neurology. This reviewer is a member of the American Medical Association and the American Academy of Neurology. This reviewer has been in active practice since 1980.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients.

These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical

literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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